



National Health Care Survey

WHAT IS THE PUBLIC HEALTH ISSUE?

The organization and financing of America's healthcare system have a profound effect on healthcare delivery and the ways patients access and receive health services. Data on trends in healthcare use are needed to inform policymakers and healthcare administrators about future demand for clinical and preventive services and the nation's need for healthcare providers. Information about what types of services are delivered and how they are delivered is critical for evaluating quality of care and appropriate use of clinical services, diffusion of new technologies, patient safety, and clinical outcomes. An understanding of how patients enter the healthcare system is necessary to shed light on healthcare disparities and the ability of the system to provide services to the most vulnerable populations through an effective health safety net.

WHAT HAS CDC ACCOMPLISHED?

The National Health Care Survey (NHCS) is a family of surveys that collects data from healthcare establishments about the use of services across the major sectors of the U.S. healthcare system. These data may be used to profile changes in the use of healthcare resources, patterns of disease, and the impact of new medications and technologies. Information on the characteristics of providers, facilities, and patients allows researchers to study shifts in the delivery of care across the healthcare system, variations in treatment patterns, and patient outcomes.

Examples of Program in Action:

- Data are used to examine prescribing practices for medications that can potentially lead to adverse drug reactions, declines in physical functioning, and excess utilization of health care. Data show patients age 65 and older were prescribed inappropriate medications at almost eight percent of doctor visits in 2000, about the same percent as in 1995. Inappropriate medications were defined as those that had a risk of adverse outcomes outweighing the potential benefits.
- Data are used to show public health officials at the national, state, and local level that the nation's emergency departments form a major part of our nation's health care safety net and are often the provider of last resort. Data show 113.9 million visits to hospital emergency rooms in 2003, an increase of 26 percent over the 90.3 million visits made in 1993.
- Data are used to examine the effect of changes in reimbursement policy on utilization of long term care services. For example, while the length of home health care use among Medicare discharges decreased after implementation of the Medicare interim payment system, there was no corresponding change among non-Medicare discharges. Data from the 2000 *National Home and Hospice Care Survey* detail the latest findings on characteristics of agencies providing home health and hospice care services, their current patients, and discharges. Long-term care is an area of critical policy interest due to the aging population, and the rising cost of entitlement programs for long-term care.

WHAT ARE THE NEXT STEPS?

- Ensure that the component surveys of NHCS are conducted on a regular basis so that complete data on the healthcare system can be obtained to document shifts in the use of services between settings, the use of emerging healthcare settings, and services (such as ambulatory surgery centers, specialty hospitals and complementary and alternative medicine).
- Expand the sample sizes in various surveys to more accurately monitor disparities in healthcare among priority populations such as racial and ethnic minorities, women, people in rural communities, and children.
- Increase the usefulness of provider-based data to monitor and assess quality of care by providing national benchmark data for comparison with state and local performance. Data collection forms and sampling frames can be adapted to address quality of care issues and information can be linked to data on provider characteristics.

For information on this and other CDC and ATSDR programs, visit www.cdc.gov/programs.

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